



## Counselor, Social Worker & Marriage and Family Therapist Board

77 S High St., 24th Flr, Rm 2468  
Columbus, Ohio 43215-6171  
614-466-0912 & Fax 614-728-7790  
[www.cswmft.ohio.gov](http://www.cswmft.ohio.gov) & [cswmft.info@cswb.ohio.gov](mailto:cswmft.info@cswb.ohio.gov)

### CHANGE OF ADDRESS FORM

You can update your address with the CSWMFT Board by US mail, fax or e-mail. Please do not call the Board as we require any change of your information to be in writing.

The address you list with the Board is a public record under Ohio's Open Records Laws; the Board strongly suggests you list a business address or Post Office Box. When a public records request for your contact information is received, if all we have listed is your home address, that is what we are required by law to provide. This is why it is important to list a work or day time phone number as well as an e-mail address

<p style="text-align: center;"><b>CSWMFT Board</b> 77 S High St., 24th Flr, Rm 2468 Columbus, Ohio 43215-6171</p>	<p>Fax: 614-728-7790</p>	<p>E-Mail: <a href="mailto:cswmft.info@cswb.ohio.gov">cswmft.info@cswb.ohio.gov</a></p>
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**4757-5-11 Standards of ethical practice and professional conduct: change of name and/or address.**  
All licensees or registrants are required to notify the board of any changes of name or information to ensure that the board has their current name and mailing address within ninety days of those events. **Failure to do so may result in disciplinary action by the board.**

NAME:

Old Address		New Address	
ADDRESS:		ADDRESS:	
<i>If a business address list the name of the business</i>			
CITY:	STATE:	CITY:	STATE:
OHIO COUNTY:	ZIPCODE:	OHIO COUNTY:	ZIPCODE:
LICENSE NUMBER:		CURRENT E-MAIL ADDRESS:	
ORIGINAL LICENSURE DATE:		LAST FOUR OF SSN:	
CURRENT DAYTIME PHONE NUMBER:			